

VACATION DONATION FOR MEDICAL EMERGENCY

RECIPIENT NAME (please print): _____ Employee ID: _____

The purpose of vacation donation is to provide financial assistance in the form of additional sick leave for employees of the University of Utah during approved leaves relating to Medical Emergencies. The payment of vacation hours donated is taxable to the recipient.

1. Recipients may receive donated vacation for use during an approved leave of absence for their own or a Family Member's Medical Emergency. Recipients or managers will be required to provide appropriate verification of the need and medical emergency. Please include the anticipated dates of leave and return to work in the explanation of the need for donation.
2. Recipients are prohibited from soliciting co-workers for vacation leave donations. All donations are strictly voluntary.
3. The recipient must be in a regular (not temporary) position at 75% FTE or greater and must have used all of his/her own available paid leave time; including all sick, vacation, personal preference, and compensatory time.
4. Employees may only donate vacation time. Sick leave, personal preference days, and compensatory time cannot be donated. Employees who do not accrue vacation (e.g., Faculty and administrators at Director level and above), are unable to donate vacation time, unless the employee has accrued vacation hours banked from a previous position.
5. Donors employed on campus may only donate vacation to a recipient in the same campus department. (Some exceptions may be approved when separate campus departments are within same Cognizant VP area, when supported by the VP.)
6. The maximum amount a recipient can receive is the minimum amount necessary to cover the absences experienced as a result of the Medical Emergency up to six (6) months from the original date the Medical Emergency began.
7. Donated vacation hours are first converted to the hourly rate of the person donating the hours, then converted back to hours based on the hourly rate of the recipient.
8. All vacation donations are subject to department and Cognizant VP approval – the appropriate signatures are REQUIRED. Departments may deny requests or reduce requests. Requests must be submitted to the Division of Human Resources for final approval and processing. Please submit the form to Human Resources 3 business days prior to the end of the pay period. This timeframe is to allow for the processing and adjustments to be completed.

DONOR AUTHORIZATION

I authorize the University Benefits Department to transfer _____ **Vacation Hours** from my account to the individual named above as sick leave.

DONOR NAME (please print): _____ Employee ID: _____

Department: _____ Phone No.: _____

Donor Signature: _____ Date: _____

MANAGER AUTHORIZATION *Manager: Please confirm Employee ID Numbers and attach a memo that explains the recipient's need for the donated time. Submit completed form(s) to the Benefits Department.*

Donor's Manager	Recipient's Manager (If Different)
Name	Name
Phone No.	Phone No.
Signature	Signature

APPROVALS:

Donor's Department	Recipient's Department (If Different)
Director/Dean Name	Director/Dean Name
Signature and Date	Signature and Date

Cognizant Vice President Name	Cognizant Vice President Name
Signature and Date	Signature and Date